

**NORTH CAROLINA CRIMINAL JUSTICE EDUCATION AND TRAINING  
STANDARDS COMMISSION  
CRIMINAL JUSTICE STANDARDS DIVISION**

POST OFFICE DRAWER 149  
RALEIGH, NC, 27602  
TELEPHONE: 919-661-5980  
FAX: 919-779-8210

Form F-21 (Rev.7/15)



Pursuant to N.C.G.S. 93B-15.1, and N.C.G.S. §17C-10.1, I, the undersigned, request an evaluation of my military training and experience for the purpose of an authorization of enrollment to complete the Basic Law Enforcement Training program.

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

\*Applicant must also complete and submit the attached Authorization for Release of Personal Information.

The following documentation must be submitted along with this form:

- a) Copies of **all** Certificate of Release or Discharge from Military Service (DD FM 214) (Member 4 copy that indicates characterization of service);
- b) Copies of **all** National Guard Discharge Documents (NGB 22), which indicate characterization of service;
- c) Copy of most recent Army National Guard Retirement Points History Statement (Form 23B);
- d) Copy of most recent Army Reserve Retirement Points History Statement (DARP 249);
- e) Copy of most recent Air Force, Navy, Marines, and Coast Guard Reserve Retirement Points History Statement;
- f) Copy of topical break down of military police basic school(s), military police intermediate school(s), and military police advance school(s);
- g) Copies of training certificates for military training courses applicable to the performance of law enforcement duties.

This form and accompanying documents shall be submitted to the CJ Standards Division:

- 1) By mail to the address above;
- 2) In person to the Standards Division office at: 1700 Tryon Park Drive, Raleigh, NC 27610 or;
- 3) By email to: [rsquires@ncdoj.gov](mailto:rsquires@ncdoj.gov)

**\*\*A representative of the Criminal Justice Standards Division will respond with a determination within thirty (30) days of receipt of this request. \*\***

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Name \_\_\_\_\_

**Military Training and Experience**

1. List each tour where DD-214 or National Guard Discharge Documents, Form 23 was issued:

Branch	Military Job Code -Military Occupational Specialty (MOS)	From D/Mo/Yr	To D/Mo/Yr	Form Included Please Circle Yes or No
				Yes or No
				Yes or No
				Yes or No
				Yes or No
				Yes or No
				Yes or No
				Yes or No

List all duty stations – Assignments for the last Six (6) years

Branch	Unit/Location	Occupation	From D/Mo/Yr	To D/Mo/Yr

2. List all training schools attended

Name of School	From D/Mo/Yr	To D/Mo/Yr	Indicated on DD 214 Yes or No

(use additional pages if necessary)

# **Authorization for Release of Information To North Carolina Criminal Justice Education & Training Standards Commission**

To Whom It May Concern:

I am an applicant for criminal justice officer certification or a certified officer with the North Carolina Criminal Justice Education & Training Standards Commission. In order to determine my suitability for certification or continued certification, I understand that the North Carolina Criminal Justice Education & Training Standards Commission must make a thorough investigation of my personal records, my training records (military and civilian), and personal background. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above agency.

Therefore, I, \_\_\_\_\_, DOB, \_\_\_\_\_, Operators License # \_\_\_\_\_, do hereby and authorize any bank, credit union, lending or financial institution, credit bureau, consumer report agency, retail business establishment, former and present employer, educational institution, doctor or other health care professional including mental health, alcohol treatment center, hospital or other repository of medical records, insurance company, governmental agency, criminal or civilian courts, certification/licensing commission, military organization, and any other individual agency to produce and provide copies of any and all information to the North Carolina Criminal Justice Education & Training Standards Commission regarding me, whether of a privileged or confidential nature.

Moreover, I hereby release the North Carolina Criminal Justice Education & Training Standards Commission from any civil or criminal liability whatsoever for seeking such requested information and for evaluating such information as it relates to my application for certification. And, I hereby release the issuing agency and its agents and employees, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result because of compliance with this authorization and request.

I further waive all right to inspect or review any information compiled in reference to my application for certification as allowed by law. I do further authorize the North Carolina Criminal Justice Education & Training Standards Commission, its agents and employees to release copies of any and all information to any committee or subcommittee of the Commission, to any agency or entity regulating the certification, authority or conduct of law enforcement officers. This is to include, but not limited to: North Carolina Criminal Justice Education & Training Standards Commission, North Carolina Sheriffs' Education & Training Standards Commission, North Carolina Attorney General's Office, agencies of other states and the federal government, and the applicant's/officer's employing agency.

*(Continued on Next Page)*

I hereby acknowledge that this authorization is valid for (1) year or until the employment application or investigative process has been completed, whichever is later.

A copy of this document is considered valid, just as the original.

I have read and fully understand the above statements.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Printed Name

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

STATE OF NORTH CAROLINA  
COUNTY OF \_\_\_\_\_

Subscribed and sworn to before me,  
this is the \_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public & Seal

My Commission Expires: \_\_\_\_\_